DATEME ADDI MATION FOR DETERMINATION DECL								.	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10719862					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL I	ENTITY	ÓR		R THAN ENTITY		
TOTAL CLAIMS				10		٠,		RATE	FEE	7	RATE	FEE	
FOR			NUMBE	NUMBER FILED .		NUMBER EXTRA		BASIC FE	E 385.0	OR	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			(0)	minus 20=		•		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			12	/ minus 3 =				X43=		OR	X86=		
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT					+145=		OR			
* If the difference in column 1 is less than zero, enter *0" in column 2							•	TOTAL	935		TOTAL		
CLAIMS AS AMENDED - PART II									<u>. را</u>			THAN	
	(Column 1) (Column 2) (Column 3)						•	SMALL	ENTITY	OR	SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.10	Minus	** 9	20	-0-		X\$ 9=		OR	X\$18=	`	
	Independent	ENTATION OF M	Minus	***	3	-6		X43=		OR	X86=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						T	+145=		OR	+290=		
							L	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DOIT. FEE	<u> </u>	JOR ,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT.	·	HIGHE 'NUMBI PREVIOU PAID F	ST ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE	]. [	RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$1B=		
	Independent	*	Minus	***		=	r	X43=		OR	X86=	•	
	rino i Priese	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	7				
							L	TOTAL		OR	+290= TOTAL		
								DIT. FEE		OR A	DOT. FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									_	· .		
MEN		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA	1.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total ·	•	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	ŧ	Minus	***		=	-	X43=					
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	A43=		OR	X86=		
• н	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	<u>.</u>	
11	* If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "High st Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DOIT. FEE		
- 11	ne "Highest Num	ber Previously Paid	For (Total or	Independent	) is the I	is, emer 's.' nighest number fo	ound	in the appr	opriate box				